

Name in Full *Mary M. Bladis* Town *Bethesda* County *Morristown* MARYLAND
 Died at *Bethesda* Month *Sept* Day *25* Y. *6* M. *6* D. *6* Native of *North Carolina* Occupation *None*
 Date 19*02* *Sept 25* Age *6* *Male* *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living *2*
 Husband of _____
 Wife _____
 Father's Name *William Bladis* Mother's Maiden Name *Linnie Bellis*
 Cause of Death { Primary *Pyemia* Immediate *No* How long sick *one week*
20 Accident, Suicide, Homicide
 Reported by *Arthur* *By Rayne Jr*
 Address *Newbern North Carolina* *Bethesda*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Md*



Louise Bonnaville

Died at ^{Town} Pocomoke city ^{County} Worcester MARYLAND

Date 19 02 9 7 ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} ^{Native of} Med ^{Occupation} Babe

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband or

Wife

Father's Name James H Bonnaville ^{Mother's} Abell Webster ^{Maiden Name}

Cause of ^{Primary} Premature Birth ^{How long sick}

Death ^{Immediate} 151 ~~Accident, Suicide, Homicide~~

Reported by James H Bonnaville as Father

Address Pocomoke city Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Infant
Berlin

County
Horcester

MARYLAND

Died at

Date

of death 190

2

Month

9

Day

14

Years

Age

Months

Days

1

Sex

Male

Color or
Race

white

Birth-
place

Berlin

~~Married, Single~~
~~or Widowed~~

Occupation

~~Name of Wife or
Husband~~

Father's
Name

Noah Bradford

Father's
Birthplace

Mother's
Maiden Name

Mary

Mother's
Birthplace

near Berlin

Name of person giving
In formation

Noah Bradford

How related
to deceased

Father

CAUSES OF DEATH

Primary

London

151

How long

Immediate

" "

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

No one in attendance

Address

Accident or Suicide?

Dr. J. Evans & Co. Worcester

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Wable A Collicote

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

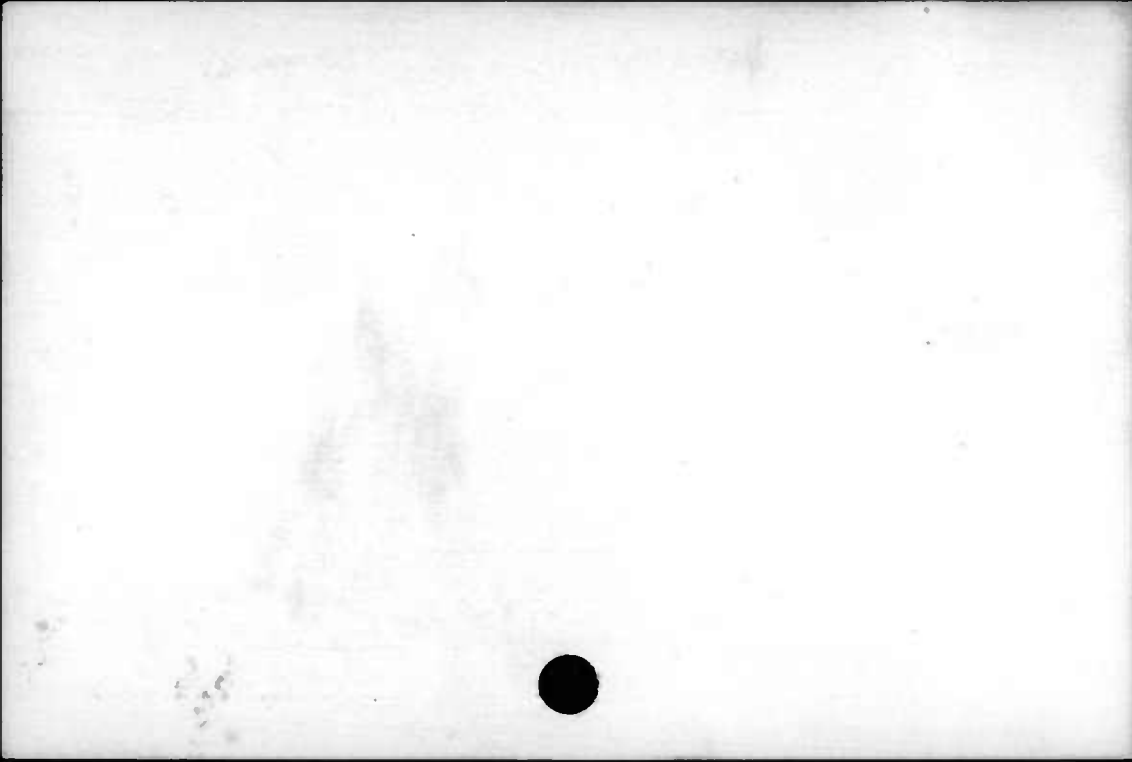
Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Sept</u>	Day <u>20</u>	Age <u>—</u>	Months <u>7</u>	Days <u>26</u>
Sex <u>—</u>		Color or Race <u>—</u>		Birth-place <u>Snow Hill</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>James Collicote</u>			Father's Birthplace <u>Girdletrout</u>		
Mother's Maiden Name <u>Clarrie V. Collicote</u>			Mother's Birthplace <u>Rehoboth Md</u>		
Name of person giving information <u>Dr. Aydlotte</u>			How related to deceased <u>Though trouble</u>		

CAUSES OF DEATH

Through trouble
two weeks

PHYSICIAN
OR CORONER

Primary <u>—</u>	How long <u>—</u>
Immediate <u>Geo. 179</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>William S. Williams</u>
<u>Snow Hill</u>	Address <u>Worcester Co Md.</u>
Accident or Suicide?	



Name
in
Full

Ida May Collins

CERTIFICATE OF DEATH

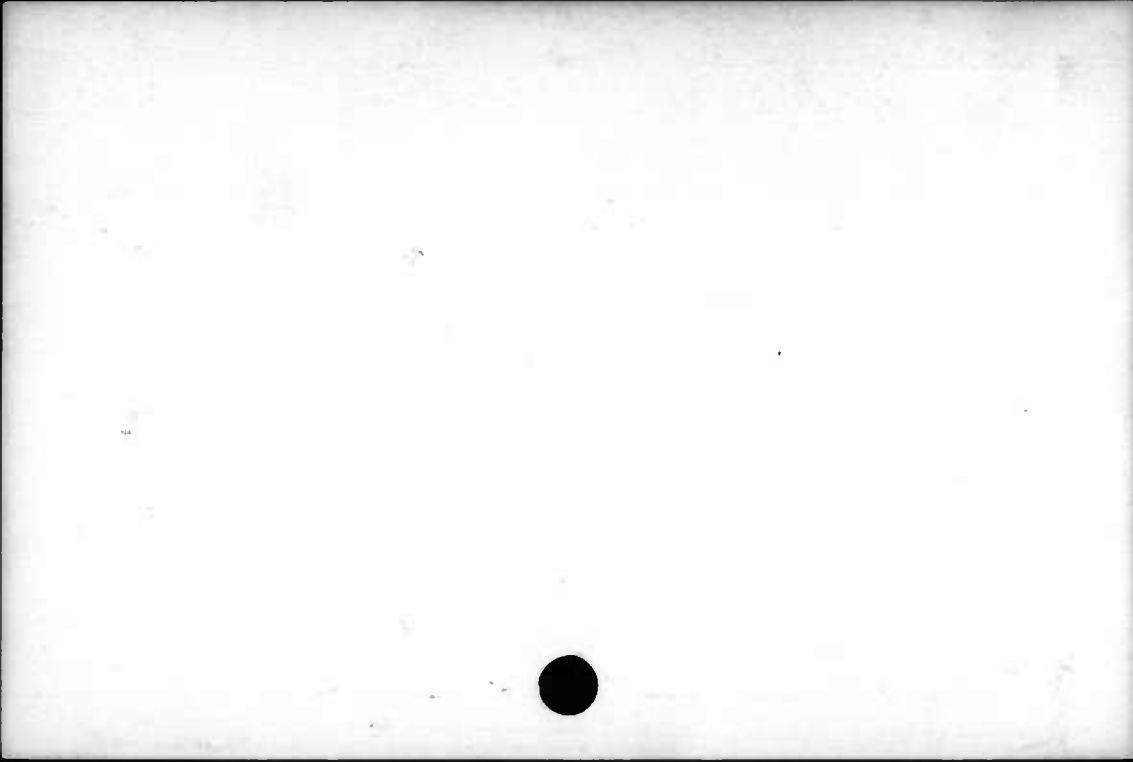
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Snow Hill		County Worcester		MARYLAND	
Date of death 1902	Month 9	Day 21	Age	Years 9	Months 11
Sex female		Color or Race white		Birth-place Newark	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name Joseph Collins			Father's Birthplace Laurel, Del.		
Mother's Maiden Name Hester Shockley			Mother's Birthplace Courthouse, Md.		
Name of person giving information Joseph Collins			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Yellow Fever	2 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician M. J. Hearne
M. J. Hearne	Address Snow Hill, Md.
Accident or Suicide?	



Name
In
Full

Mrs John H Cathell

CERTIFICATE OF DEATH

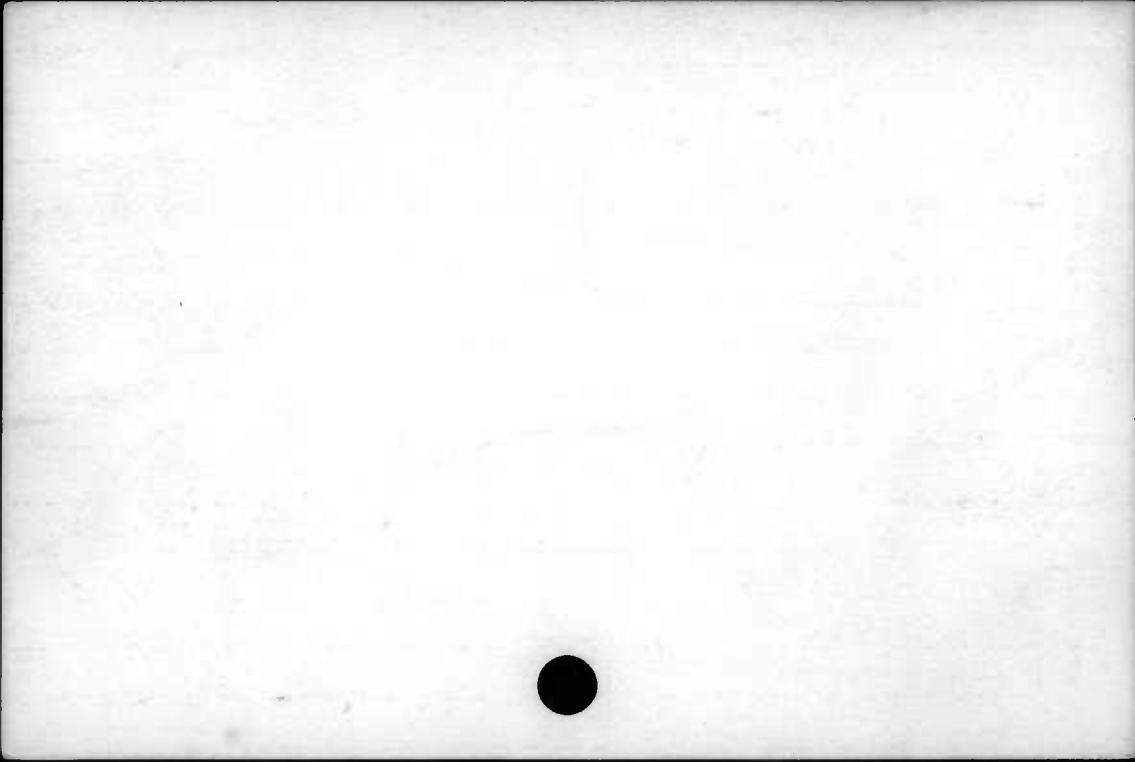
TO BE ANSWERED BY
NEAREST FRIEND

Died - ^{Town} New Berlin		^{County} Worcester		MARYLAND	
Date of death 1902	Month Sept	18	Age 50	Years	Months Days
Sex Female	Color or Race White	Birth-place Wor Co			
Married, Single or Widowed	Married		Occupation Housewife		
Name of Wife or Husband			John H Cathell		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Fibroid Phthisis	How long	Years
Immediate	Insanition	How long	Several months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. W. Dirickson M.D.	
		Address	
		Berlin Md.	
Accident or Suicide?			



Halter & Bryden

Died at ^{Town} Dublin ^{County} Worcester

MARYLAND

Date 1892 ^{Month} Sept. ^{Day} 9 ^{Y.} 8 ^{M.} 5 ^{D.} Native of Maryland Occupation Child

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
Wife

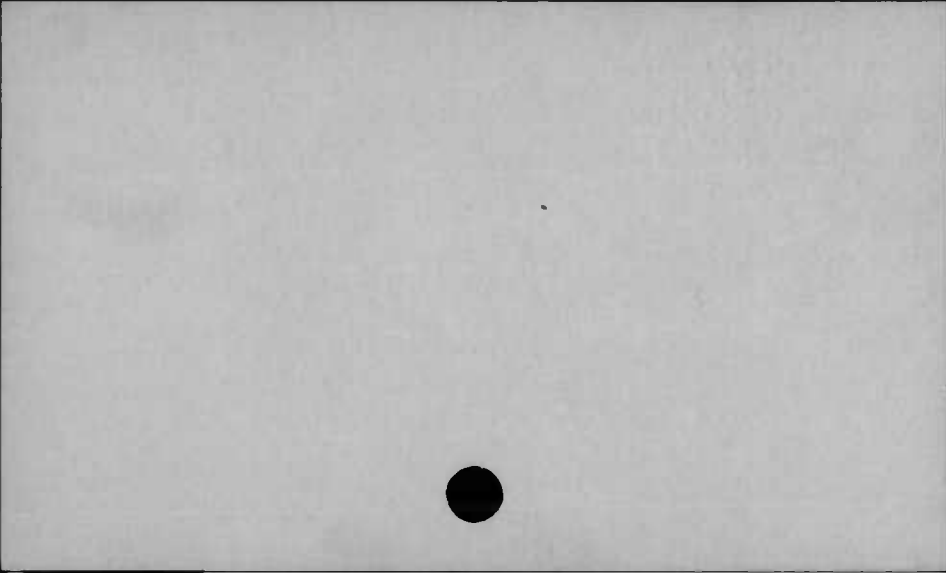
Father's Name Sewell & Bryden Mother's Name Amanda M Sikes

Cause of Death { Primary Typhoid Fever
Immediate Hemorrhage of bowels
How long sick 4 weeks
Accident, Suicide, Homicide

Reported by J T Coston

Address Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cuthen Ennis

Died at ^{Town} Near Pocomoke City ^{County} Wicomico MARYLAND

Date 1902 ^{Month} 5 ^{Day} 1 ^{Y.} ^{M.} 3 ^{D.} 18 ^{Native of} Md ^{Occupation}

Male ^{White} ^{Married} ^{Widow} ^{Divorced}
~~Female~~ ^{Colored} ^{Single} ^{Widower} ^{Number of children living} 1

Husband of John H. Ennis
 Wife of John H. Ennis
 Father's Name John H. Ennis Mother's Name Pearl Ennis

Cause of Death { Primary ^{Period of death} ^{How long sick} 3-18
 Immediate ^{Accident, Suicide, Homicide}

Reported by John H. Ennis 179
 Address Pocomoke City

Must be signed by physician, if any in attendance; otherwise by coroner, undertaker or minister.



Name
in
Full

Salem D Hassette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>9</i>	Day <i>13</i>	Age <i>—</i>	Months <i>3</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Berlin</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Dean Hassette</i>			Father's Birthplace <i>Berlin</i>		
Mother's Maiden Name <i>Minnie L Taylor</i>			Mother's Birthplace <i>"</i>		
Name of person giving In formation <i>Dean Hassette</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>179</i>	How long <i>7 days</i>
Immediate <i>—</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr E. C. Holland</i>	
	Address <i>Berlin Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

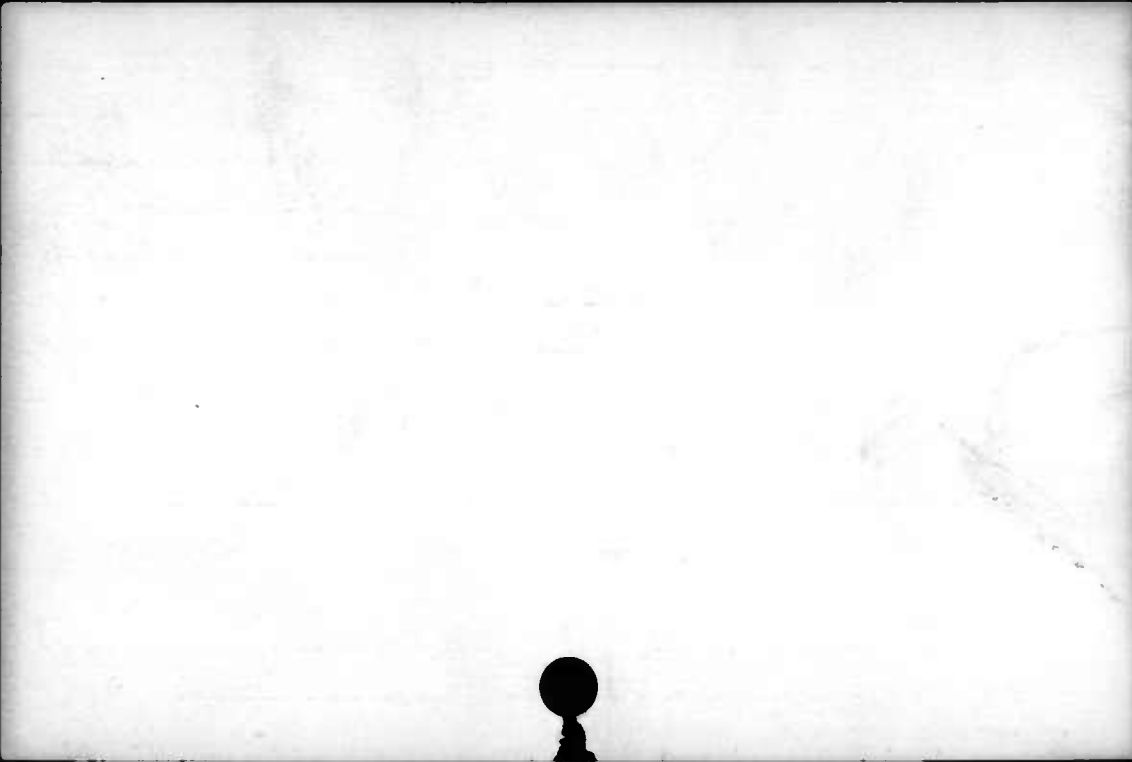
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>9</u>	Day <u>12</u>	Age <u>98</u> Years	Months <u>3</u>	Days <u>—</u>
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>—</u>	
Married, Single or Widowed <u>widow</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>unknown</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u>unknown</u>		
Name of person giving information <u>E. E. Godfrey</u>			How related to deceased <u>grandson</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>old age</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>no physician</u>
	Address <u>W. R. Heam</u>
	<u>Snow Hill</u>
Accident or Suicide?	



Died at *Ocean city* *Morristown* MARYLAND
 Town County
 Date 1902 *9* *7* *12* *md* *man*
 Month Day Y. M. D. Native of Occupation
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *0*

Husband of *John Oliver Johnson*
 Wife of *John Oliver Johnson*
 Father's Name *unknown* Mother's Maiden Name *Cissy Papp*
 Cause of Death { Primary *balley & Phantom* How long sick *9 days*
 { Immediate *illness* Accident, Suicide, Homicide
 Reported by *John O Johnson*
 Address *Ocean city Morristown Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Young

Town

County

Baltimore

MARYLAND

Died at

Baltimore City

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Oct 17

Age

11

Baltimore

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Infant

Wife

Father's

James Carter

Mother's

Emma Young

Name

Maiden Name

Cause of

Primary

Head fall

How long sick

Born with

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

Charles Wallace undertaker

Address

Baltimore City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas W. Mumford child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lynepusant</u> Town			County <u>iron</u>			MARYLAND		
Date of death 190	2	Month	Sept	Day	14	Age	Years	Months
						Days		
Sex			Color or Race			Birth-place		
			Black			Lynepusant		
Married, Single or Widowed						Occupation		
Name of Wife or Husband								
Father's Name						Father's Birthplace		
Thomas W Mumford						near Berlin		
Mother's Maiden Name						Mother's Birthplace		
Lrallie Henry						near Berlin		
Name of person giving information						How related to deceased		
Charles C. Slavis						non		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whispering Cough & apparently	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ebe Holland	
		Address	
		Berlin	
Accident or Suicide?			
		Ind	

C. J. Evans & son

Name
in
Full

Bertha M. Pollitt

CERTIFICATE OF DEATH

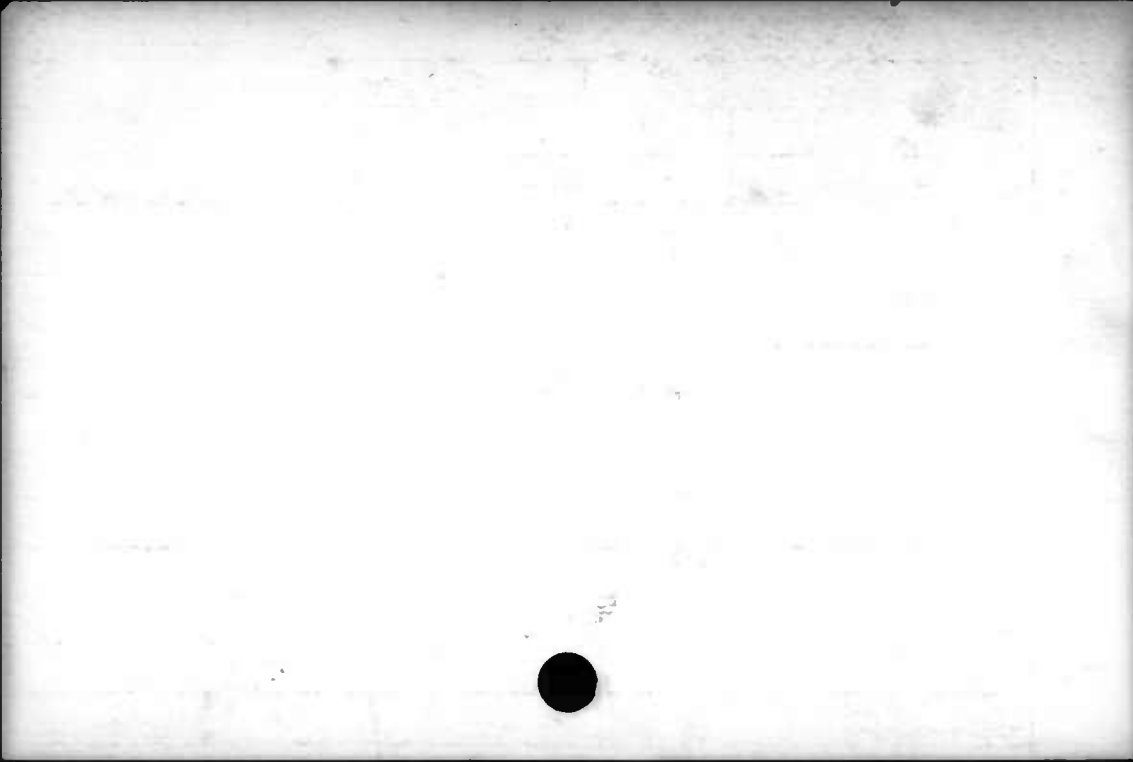
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Monroester		MARYLAND	
Date of death 1902		Month 9	Day 9	Age 18	Years 7	Months —	Days —
Sex Female		Color or Race white		Birth place Near Snow Hill			
Married, <u>Single</u> or <u>Widowed</u>				Occupation			
Name of Wife or Husband Wm. P. Pollitt							
Father's Name John Lamb				Father's Birthplace unknown			
Mother's Maiden Name Perilla Cherrix				Mother's Birthplace unknown			
Name of person giving in formation husband				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician W. P. Hearne	
Address Snow Hill, Md.	
Accident or Suicide?	



Name
in
Full

Harrold Pruitt

CERTIFICATE OF DEATH

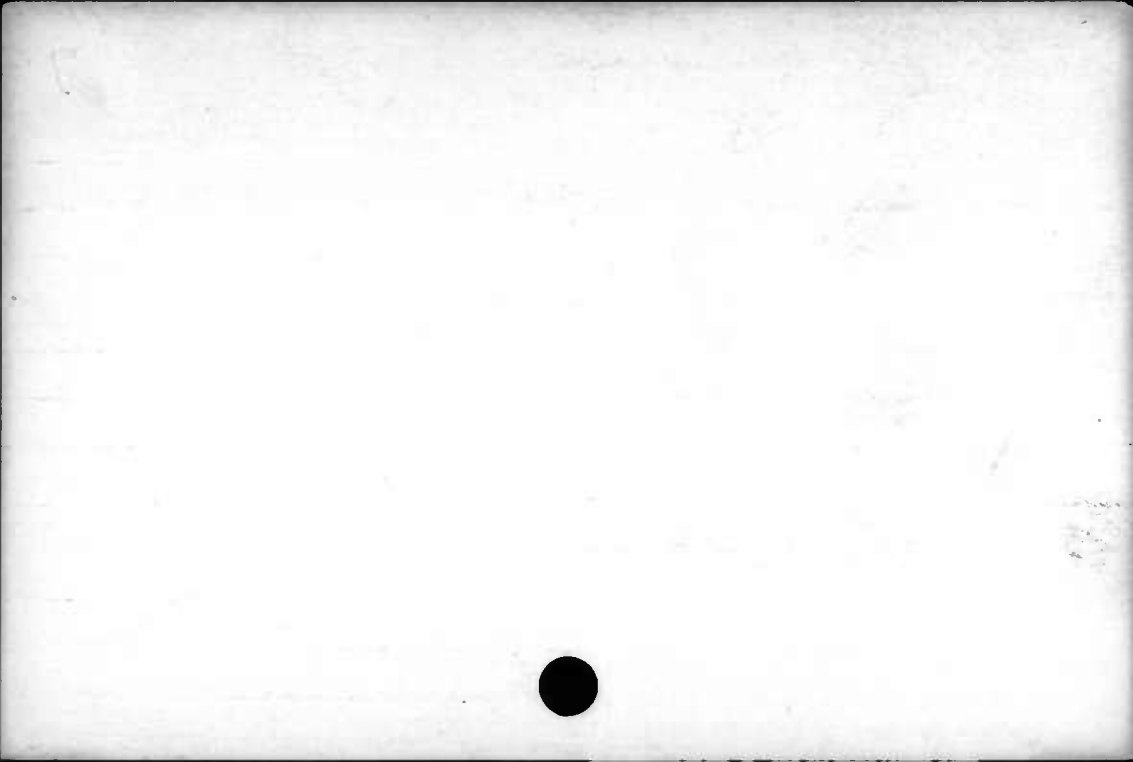
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Berlin		Worcester					
Date	Month	Day	Years	Months	Days		
of death 1902	9	9	Age				
Sex	Male	Color or Race	White	Birth-place	Worcester		
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name			Harry Pruitt		Father's Birthplace		
Mother's Maiden Name			Hattie Griffin		Mother's Birthplace		
Name of person giving information			Asen Lohm		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marash	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. R. P. Collins	
Accident or Suicide?		Address	
		Bishopville	
		E. C. d	



Name
in
Full

Infant -

CERTIFICATE OF DEATH

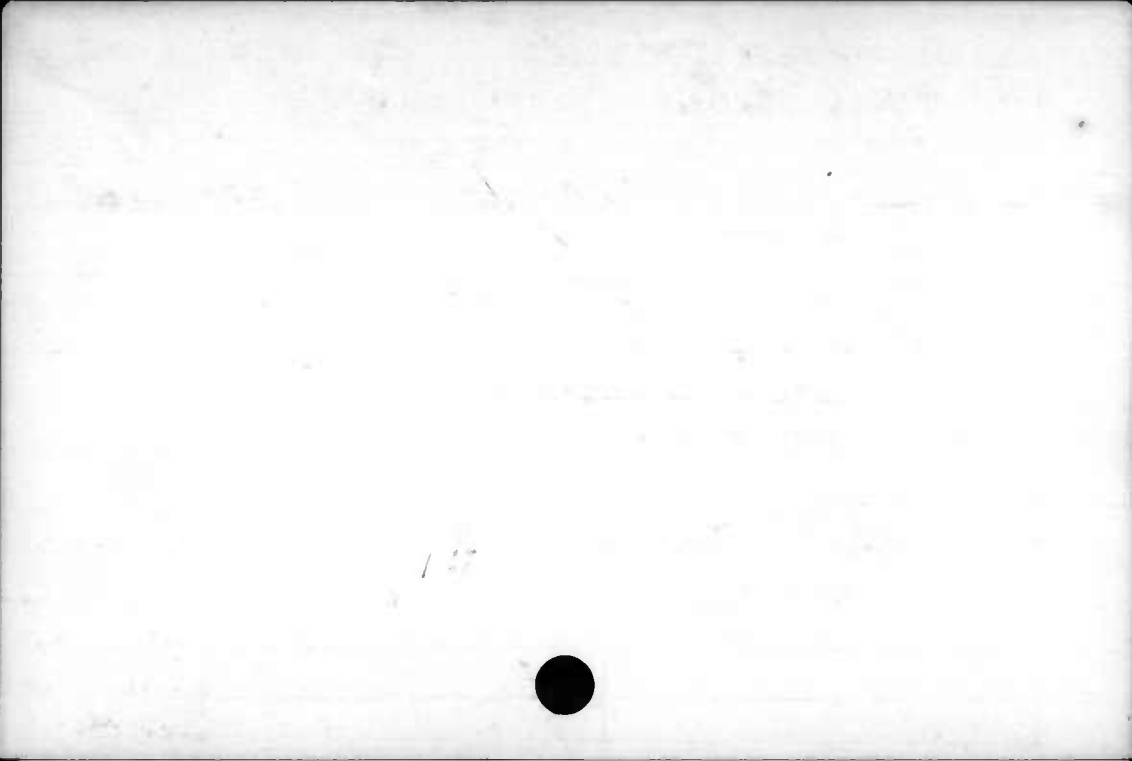
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hopkinton</u> Town <u>Worcester</u> County		MARYLAND	
Date of death 19 <u>12</u> Month <u>9</u> Day <u>10</u>	Age <u>6</u> Years	Months <u>6</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Blk</u>	Birth-place <u>Worcester</u>	
Married, Single or Widowed <u>—</u>	Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>			
Father's Name <u>Will Purcell</u>	Father's Birthplace <u>Worcester</u>		
Mother's Maiden Name <u>Ella Spencer</u>	Mother's Birthplace <u>—</u>		
Name of person giving Information <u>—</u>	How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Unknown</u> <u>179</u>	How long <u>3 mo</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of <u>Undertaker</u>
	Address <u>E. W. & W. E. Berlin St.</u>
Accident or Suicide?	



Bessie Pusey

Town

County

Died at

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 *02* *Sept* *21* Age *13* *Somerset*

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Linnors

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>9</i>	Day <i>24</i>	Years <i>42</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Borden Linnors</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart</i>	How long
Immediate	<i>Cerebral apoplexy</i>	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Cecilrickson M.D.</i>
		Address <i>Berlin Md</i>
Accident or Suicide?		

